



**DELAWARE HEALTH  
AND SOCIAL SERVICES**  
Division of Public Health

TELEPHONE (302) 744-4549

OFFICE OF VITAL STATISTICS  
JESSE S. COOPER BLDG  
417 FEDERAL STREET  
DOVER, DELAWARE 19901

**CREDIT CARD ORDERS VIA THE INTERNET: [WWW.VITALCHEK.COM](http://WWW.VITALCHEK.COM)**

## Application for a Certified Copy of a Delaware Death Certificate

**Please print and complete all items requested below as accurately as possible.**

Name on Death Certificate \_\_\_\_\_  
First Name Middle Name Last Name

Sex: ☐ Male ☐ Female Date of Death \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Maiden Name of Mother \_\_\_\_\_  
First Name Middle Name Maiden Name (required)

Name of Father \_\_\_\_\_  
First Name Middle Name Last Name

The Death certificate is for (please check one box)

- |   |  |  |
|---|--|--|
| 1. <input type="checkbox"/> Husband or wife | 4. <input type="checkbox"/> I am the Legal Guardian  | 6. <input type="checkbox"/> Genealogy<br><b>(proof required)</b> |
| 2. <input type="checkbox"/> Child           | 5. <input type="checkbox"/> I am the Authorized agent, attorney<br>or legal representative of the<br>Person listed in 1-6. <b>(proof required)</b> |  |
| 3. <input type="checkbox"/> Parent          |  |  |

**Number of copies requested:** \_\_\_\_\_

**Cost: 10.00 each** (if record is not located, fee will be retained for search).  
Make Checks or Money Orders payable to the "Office of Vital Statistics"

**Please include a copy of your Official Valid Photo Identification (Drivers license, State ID or Work ID) Parents Identification needed for children.**

*I hereby certify that all the above information is true to the best of my knowledge. It is a felony violation of Delaware Law (16 Del.C. §3111) to make a false statement on this application or to unlawfully obtain a certified copy of a Death certificate.*

Signature of person applying for certificate \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Date

( ) \_\_\_\_\_  
Daytime telephone Number

\_\_\_\_\_  
Identification (for office use only)

